NEW PATIENT INFORMATION/MEDICAL QUESTIONNAIRE

Today's Date ____/____/____ (General questionnaire for all procedures some questions may not be relevant)

Last Name _____ First _____ MI _____

Address _____

_____ Zip Code _____

Phone #1: _____ Phone #2: _____

E-mail Address _____

Occupation _____

Approximate Weight: _____ Height: _____ Date of Birth ____/____/____

Please list the prescriptions you are currently taking: _____

_____

Drug Allergies: _____

Please list previous surgeries: _____

Goal or Reason for Visit:

- ☐ Laser Liposuction
- ☐ Medical Supervised Diet
- ☐ Thermage / Ultherapy
- ☐ Restylane / Juvederm / Radiesse
- ☐ IPL - Photofacial
- ☐ Chemical Peel
- ☐ Zeltiq CoolSculpting
- ☐ Fraxel & Fractional CO2
- ☐ Botox
- ☐ Laser Hair Removal
- ☐ Laser Tattoo Removal
- ☐ Microdermabrasion

Have you ever had a cold sore on your lip?	No	Yes	Last time:
Do you have a history of easy bruising or bleeding problems?	No	Yes	
Do you have a history of darkening of the skin after injury?	No	Yes	
Are you pregnant or breastfeeding?	No	Yes	
Have you used or are you currently using Retin-A or Renova?	No	Yes	Last time:
Have you used or are you currently using Accutane?	No	Yes	Last time:

I have been given the opportunity to review the HIPAA notice either online or in-office.

Signature: _____

MICRODERMABRASION / CHEMICAL PEEL QUESTIONNAIRE & CONSENT

Today's Date ____/____/____

Last Name _____ First _____ MI _____

Please list the products you are currently using: _____

_____

Drug Allergies: _____

Have you had any type of exfoliation in the past 2 weeks? If yes, please list the type:

_____

Please respond yes or no to the following questions:

Pregnant or nursing?	☐ Yes ☐ NO	
Sun exposure in the last 2 weeks?	☐ Yes ☐ NO	
Plan on sun exposure in the next 2 weeks?	☐ Yes ☐ NO	
Use Retin-A?	☐ Yes ☐ NO	Last time: _____
Use Renova?	☐ Yes ☐ NO	Last time: _____
Vitamin C?	☐ Yes ☐ NO	Last time: _____
Glycolic Acid?	☐ Yes ☐ NO	Last time: _____
Accutane?	☐ Yes ☐ NO	Last time: _____

CONSENT:

I understand that the results from a microdermabrasion/glycolic peels treatment are not guaranteed and results will vary. In order to achieve optimum results, I understand that a series of treatments is required.

I will alert the staff if I am pregnant or have an allergy to Aspirin.

I understand that the skin may be irritated for several days after a peel, and there may be some small pinprick bleeding and bruising as a result of the treatment. I should not receive either treatment if I have had Botox in the last 24 hours, but can have it AFTER the treatment is completed.
Possible side-effects to treatment are: local swelling, stinging, tenderness, flaking, peeling, lightening or darkening of the skin and/or mild to moderate redness. It is possible that one or more of these side effects may last for two (2) to seven (7) days post procedure. However, most subside within 24 hours. I understand, as with all skin exfoliation treatments there is the slight risk of hyper-pigmentation, scarring and bruising with this treatment, it is also possible to break capillaries (facial blood vessels), which can be permanent. I have been advised to disclose to if I am prone to Herpetic outbreaks (cold sores/fever blisters). I understand that acid treatments and/or microdermabrasion may cause a flare-up of the Herpes Simplex virus.
I will follow all post care instructions that are given and wear a sun block with no less than an SPF 30 while receiving treatment. To the best of my knowledge, all the above information I have given is correct.

This consent is valid for all future sessions and I will alert the staff if there are any changes to my medical history.

Clients Signature _____ Date _____

Therapist Signature _____ Date _____

MEDICAL COSMETIC ENHANCEMENTS POLICIES

We respect your time and understand its value. If Clients abide by the following policies, we can make your experience enjoyable with schedule availability and minimal office wait time.

EFFECTIVE 1/1/15

Initial _____ It is suggested all patients arrived 10 minutes prior to scheduled appointment time. Late arrivals for scheduled time are subject to **forfeiture of 1 session, or $50 fee**. Prompt arrival is courteous to patients after your session and will not delay following clientele and staff.

Initial _____ Please note your pre-payment expiration date. All sessions must be COMPLETED within 12 months of activation as long as the voucher is redeemed prior its expiration date. Expired coupon or unused sessions are good for payment monetary value which can be deducted from regular treatment prices.

Initial _____ Appointments longer than 45 minutes require a $100 credit card hold, and 72 hour notice for cancellation or rescheduling.

All policies are listed on website treatment pages. With a 24 hour notice, many last minute appointments become available. You are encouraged to take advantage and use our online schedule system (www.medicalcosmetic.org) for ease, convenience and last minute availability.

Name: _____

Date:_____

MEDICAL COSMETIC ENHANCEMENTS

EFFECTIVE 1/1/2015

We require 24 hours notice to reschedule or cancel an appointment. Same day cancellations/no shows/tardiness/reschedules will incur a non-negotiable $50.00 fee or forfeiture of one prepaid session. Payment will be collected prior to the next appointment.

It is your responsibility to add scheduled appointments to your calendar – Medical Cosmetic Enhancements is not responsible for your missed appointments.

Patient's Name: _____ Date: _____

Patient's Signature: _____